

# **Travelling Student - 2.3**

| Student/s Name      |  |
|---------------------|--|
|                     |  |
| Parent / Carer Name |  |

## Itinerary for the first six weeks following departure to be completed below:

| Addresses (PO addresses are acceptable) | Date of arrival/departure |  |  |  |
|---|---------------------------|--|--|--|
|   |                           |  |  |  |
|   |                           |  |  |  |
|   |                           |  |  |  |
|   |                           |  |  |  |
|   |                           |  |  |  |
|   |                           |  |  |  |

Parents/guardians must be prepared to contact the class teacher of the child, regularly, to inform staff of travel destinations.

Forms required to be lodged with this enrolment application as conditions of this enrolment category.

- Department of Education Application to Enrol form which must include copies of:
  - Birth Certificate
  - o Immunisation Certificate
  - Proof of current NSW residential address -100 points (one type from group 1 or 2 required)
- Statutory Declaration (attached) information must include:
  - 1. Your declaration that you recognise your role, responsibilities in the students' education.
  - 2. The length of time you are intending on travelling at least 50 days (One school term). But not more than 200 days (One school year).
  - 3. Your statement of your intent to continue the students' permanent schooling at a NSW school after travel

A statutory declaration is a written statement which a person swears, affirms or declares to be true in the presence of an authorised witness — usually a Justice of the Peace, a lawyer or a notary public.

### For Parents / Carers / Supervisors

#### Please acknowledge your understanding

- I confirm that the home learning environment is suitable for effective distance education provision.
- I declare that I recognise the role and responsibilities in my student's education.
- I will undertake to provide and maintain an agreed mode of communication between myself and the distance education School for the duration of the enrolment.
- I accept the role of supervisor during the period of enrolment and carry out the supervisor responsibilities listed below.

Working with Children legislation requires all people working or volunteering with children under 18 years to have a Working with Children Check. Parents or carers who engage tutors for support should ask the tutor to provide a Working with Children Check clearance number, then verify that number online. Parents/carers can verify the status of a Working with Children Check number by using the online tool available from the Office of the Children's Guardian.

#### **Supervisor responsibilities**

- liaising with the school about the program of learning that will be provided for the student and the scheduling of the student's and supervisor's time for engaging in schoolwork and the completion of set tasks
- supervising the student during school or learning activities
- supporting and encouraging the student through assistance with locating materials and resources needed for lessons, development of a timetable for work, provision of a suitable workplace and basic equipment
- ensuring that the student follows the course developed by the school and addresses, with diligence and sustained effort, the set tasks and experiences provided by the school
- interacting with the student as required by the learning materials
- interpreting and explaining to the student the spirit and intention of instructions or comments included in lesson materials or in messages from the distance education teacher
- providing feedback to the distance education teacher on the student's responses to the lesson activities and on the student's performance and interest, including advice about illnesses or absences that have affected the student's ability to complete activities
- monitoring the student's participation in satellite, computer-based or teleconference lessons and field services as appropriate
- supervising examinations and assessment tasks, as required by the school

| •         | supervising examinations and assessment  | lasks, c | is required by the school.      |  |  |  |  |
|-----------|--|----------|---------------------------------|--|--|--|--|
| Costs:    | Costs: Payable on invoice<br>\$40 Levy per student per year or \$60 per family per year<br>\$50 Material Bond – per student (refundable) |          |                                 |  |  |  |  |
| Name      | Name of supervisor:  |          |                                 |  |  |  |  |
| Relatio   | nship to student:  |          |                                 |  |  |  |  |
| Signatu   | ure of Parent/Guardian:  |          | Date:                           |  | OFFICE USE                                   |  |  |
|           | s Surname<br>male Date of Birth  |          |                                 |  |  |  |  |
| Grade     | Class  |          |                                 |  |  |  |  |
| CATEGO    | RY   |          |                                 |  |  |  |  |
|           | Isolated Home Student NSW (2.2) Traveller (2.3) Extraordinary Circumstances (2.10) Approved  |          | Medical (2.5)<br>Overseas (2.4) |  | Significant Support O ALAS (2.8) O SST (2.9) |  |  |
| Principal | 's Signature   | ••••••   | Date                            |  |  |  |  |

Statutory Declaration
OATHS ACT 1900, NSW, NINTH SCHEDULE

| I,    | , of<br>[name of declarant]                            | [residence]                                       |
|-------|--|---|
| do h  | nereby solemnly declare and affirm that                |   |
|       |  |   |
|       |  |   |
|       |  |   |
|       |  |   |
|       |  |   |
|       |  |   |
|       |  |   |
|       |  |   |
|       |  |   |
|       |  |   |
|       |  |   |
|       |  |   |
|       | [the facts to be stated according to the declarant's k | nowledge, belief, or information, severally]      |
| And   | I make this solemn declaration, as to the              | matter (or matters) aforesaid, according          |
| to th | ne law in this behalf made – and subject to            | the punishment by law provided for any            |
|       | ully false statement in any such declaration.          |   |
|       |  |   |
| Decl  | lared at:on<br>[place]                                 | [date]  |
|       | [place]  | [adio]  |
|       |  | [signature of declarant]                          |
| in th | e presence of an authorised witness, who state         |   |
| I,    | , a, finame of authorised witness?                     | [qualification of authorised witness]             |
| certi | ify the following matters concerning the making        |   |
|       | made it: [* please cross out any text that does not    |   |
|       | *I saw the face of the person OR *I did not see        |   |
|       | was wearing a face covering, but I am satisfie         | · · · · · · · · · · · · · · · · · · ·             |
|       | for not removing the covering, and                     | a that the person had a special justification     |
| 2.    | *I have known the person for at least 12 months Of     | 2*I have confirmed the nerson's identity using an |
| ۷.    | identification document and the document I relied or   |   |
|       | actualization document and the document fieled of      | [describe identification document relied on]      |
|       |  | tassenbe identineation document relied on         |
|       | [signature of authorised witness]                      | [date]  |

<sup>&</sup>lt;sup>1</sup> The only "special justification" for not removing a face covering is a legitimate medical reason (at September 2018)